

City of Duluth

To:

CC:

From:

Date:

Re: Request for Sick Leave

You have requested sick leave in excess of three (3) working days. In order for this request to be processed, a Fitness for Duty Report form must be completed by you and your physician and returned to me within seven days from the date of this memo.

[Insert the following paragraph if the sick leave qualifies as Family Leave.]

I have determined that your request for sick leave, if approved, qualifies as Family Leave. Therefore, pending receipt of the required documentation, the leave will be counted against your Family Leave entitlement. Information regarding Family Leave is located in the City's Leave of Absence Policy which can be found online at www.ci.duluth.mn.us/city/employment under City policies and procedures or from the Human Resources office located at Room 313 City Hall, (218) 730-5210.

If you have any questions, please contact me at: (218) – ext.

En: Fitness for Duty Report with job description attached